

June 26, 2015

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 14-58
2015 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422
2015 ETC Annual Report of Nunn Telephone Company, Study Area Code 462194

Dear Secretary,

On behalf of Nunn Telephone Company, we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Nunn Telephone Company seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations¹. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Senior Financial Analyst
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Greg Grablander, General Manager, Nunn Telephone Company
Charles Tyler, Telecommunications Access Policy Division

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	462194
<015>	Study Area Name	NUNN TEL CO
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Leah Richter
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	Leah.Richter@Vantagepnt.com

ANNUAL REPORTING FOR ALL CARRIERS	54,313 Completion Required	54,422 Completion Required
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<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	462194co510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	462194co610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	462194co1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000>	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>		(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	462194
<015>	Study Area Name	NUNN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	<input checked="" type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

462194co112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	462194
<015>	Study Area Name	NUNN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2015	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

FCC Form 481
OMB Control N
July 2013

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	462194
<015>	Study Area Name	NUNN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com

Tribal Land(s) on which ETC Serves

Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	462194
<015>	Study Area Name	NUNN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	462194
<015>	Study Area Name	NUNN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.nunntel.com/services.html>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

☒

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☒

<1222> Details on the number of minutes provided as part of the plan,

☒

<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	462194
<015>	Study Area Name	ROUN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jean Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059901793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jean.richter@vantagepnt.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)	
<2011a>	3rd Year Certification (47 CFR § 54.313(b)(1)ii)	
<2011b>	Attachment (47 CFR § 54.313(b)(1)iii)	
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))	
<2013>	2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))	
<2014>	2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))	
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))	
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	
<2018>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	
<2021>	Interim Progress Community Anchor Institutions	

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	462194
<015>	Study Area Name	NUNU TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jeah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Jeah.Richter@vantagebnt.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan	
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	<div>462194co3010.pdf</div>

(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input checked="" type="checkbox"/>
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(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	<div>462194co3012.pdf</div>
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(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input checked="" type="checkbox"/>
(3014)	If yes, does your company file the RUS annual report	<input checked="" type="checkbox"/>

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>

(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div>462194co3017.pdf</div>
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(3018)	If the response is no on line 3014, Is your company audited?	<input type="checkbox"/>
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If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
--------	---	--------------------------

(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
--------	---	--------------------------

(3021)	Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit	<input type="checkbox"/>
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If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
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(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
--------	--	--------------------------

(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
--------	---	--------------------------

(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
--------	---	--------------------------

(3026)	Attach the worksheet listing required information	<div></div>
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Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

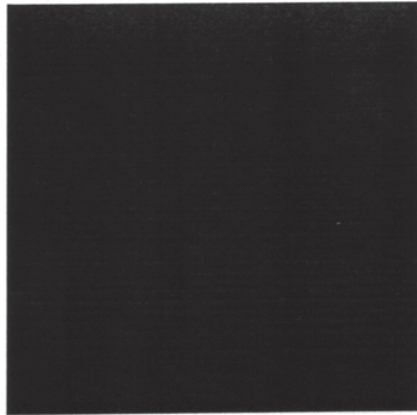
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	462194
<015>	Study Area Name	NORTH TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059551793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantageent.com

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends



Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	462194
<015>	Study Area Name	NUNN TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	462194
<015> Study Area Name	NUNN TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
<035> Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@Vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier: NUNN TEL CO	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 462194	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: NUNN TEL CO	
Name of Authorized Agent or Employee of Agent: Leah Richter	
Signature of Authorized Agent or Employee of Agent:	Date: 06/23/2015
Printed name of Authorized Agent or Employee of Agent: Leah Richter	
Title or position of Authorized Agent or Employee of Agent: Senior Financial Analyst	
Telephone number of Authorized Agent or Employee of Agent: 6059951793 ext.	
Study Area Code of Reporting Carrier: 462194	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED – FOR PUBLIC INSPECTION

Attachments

REDACTED – FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	462194
<015>	Study Area Name	NUNN TEL CO
<020>	Program Year	2016
<030>	Contract Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6039951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

	Residential Local Service Charge Effective Date	1/1/2015
<701>	Single State-wide Residential Local Service Charge	
<702>		

[illegible]

REDACTED - FOR PUBLIC INSPECTION

NUNN TELEPHONE COMPANY (SAC 462194)

ATTACHMENT LINE 112

**Service Quality Improvement Reporting
Pursuant to 47 C.F.R § 54.313(a)(1)**

ATTACHMENT REDACTED IN ENTIRETY

CERTIFICATION OF NUNN TELEPHONE COMPANY**Reporting Period January 1 – December 31, 2014****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders from existing and new locations within 2 business days of the request. Carrier provides bill notification at least 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their policy tab located on their Carrier's website and in their retail office. Carrier's procedures for receiving emergency calls during non-business hours include converting the phone system to night mode after office hours, and calls are directed to a neighboring ILEC's NOC, Golden West, in Rapid City, SD. Carrier also provides emergency contact information to the town, police department and the fire department.

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 19, 2015.

/s/ Greg Grablander

Greg Grablander, General Manager

Nunn Telephone Company

SAC: 462194

CERTIFICATION OF NUNN TELEPHONE COMPANY**Reporting Period January 1 – December 31, 2014****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier is able to provide service for a reasonable period of time if external power is lost.

All locations requiring commercial power are equipped with an 8 hour battery backup and/or emergency generators. The connection to the fiber electronics in the homes and businesses is also designed for eight (8) hour battery backup. All electronic cabinets and remote electronic sites are equipped with the necessary wiring and power supplies (rectifiers) to sustain operation beyond the eight (8) hours of battery backup with the use of portable or fixed generators.

Battery backup is tested yearly by an outside contractor. The contractor tests the batteries and replaces batteries that do not meet Carrier's specifications (8 hour backup) and cleans & replaces all necessary connections.

Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier's fiber ring technology protects well from loss of toll trunking. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 19, 2015.

/s/ Greg Grablander

Greg Grablander, General Manager, Nunn Telephone Company

SAC: 462194

CERTIFICATION OF NUNN TELEPHONE COMPANY**Reporting Period January 1 – December 31, 2014****47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$47.48. This was published in the FCC's Public Notice, WC Docket No. 10-90, DA 15-470, released April 16, 2015. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2015 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 19, 2015.

/s/ Greg Grablander

Greg Grablander, General Manager

Nunn Telephone Company

SAC: 462194

(1200) Terms and Conditions for Lifeline Program Consumers

Study Area Code: 462194

Study Area Name: Nunn Telephone Company

Attached is Nunn Telephone Company's customer bill insert regarding Lifeline services and Lifeline application.

Nunn Telephone Company's Rates and Pricing <http://www.nunntel.com/services.html>

Lifeline Telephone Assistance Program
Nunn Telephone Company
 2013

Attachment Line 1210

The following section must be filled out completely or your application will be returned and benefits will be delayed

Social Security (*last 4 digits*)

or Tribal Id Number : _____

Your _____ Name:

Street: _____

City: _____

State: CO Zip: _____

Birthdate

Month

Day

Year

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Address is: ☐ permanent ☐ temporary
 More than one family lives at this address ☐
 I certify that I live on Tribal lands ☐

Billing Address (*if different than residential*): Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone Company: Nunn Telephone Company

Number of people living in your household: _____

Telephone number if you currently have service:

Telephone number where you can be reached:

Area Code

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Area Code

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① I receive benefits from the following program(s): Check all that apply and attach proof

- | | |
|---|---|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Nutrition Assistance Program/ Food Stamps (SNAP) |
| <input type="checkbox"/> Federal Public Housing or Section 8 Assistance | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (LIHEAP) |
| <input type="checkbox"/> National School Free Lunch Program | <input type="checkbox"/> Tribally Administered Head Start (for those meeting income qualifying standards) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Food Distribution Program on Indian Reservation (FDPIR) |
| <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TANF) | |

② I do not receive benefits from the programs above but my income is at or below 135% of the Federal Poverty Guideline (Attached). Please attach one of the documents below if you did not check any boxes above.

- | | |
|---|--|
| ▪ Last year's State, Federal or Tribal Tax Return | ▪ Divorce Decree |
| ▪ Current annual income statement from employer | ▪ Retirement/Pension Benefits Statement |
| ▪ 3 consecutive months of most recent paycheck stub | ▪ Veterans Administration Benefits Statement |
| ▪ Social Security Benefits Statement | ▪ Child Support Document |
| | ▪ Unemployment/ Workmen's Compensation Statement |
| | ▪ Other |

③ **Certification of Eligibility and Information Release**

By signing below, I certify under penalty of perjury that I understand and agree to all of the following:

- I participate in a qualifying federal program or meet the income qualification.
- I have provided documentation of eligibility.
- I acknowledge that Lifeline is a federal benefit and that it is non-transferable.
- I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment and potential prosecution by the United States government.
- The information contained in this certification form is true and correct to the best of my knowledge. I understand that providing false information can be punished by fine or imprisonment or removal from the program.
- I will inform the company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support. Failure to notify the company may result in penalties.
- If I move to a new address, I will provide that new address to the company within 30 days.
- If I provided a temporary address, I will verify with my telephone provider the temporary residential address every 90 days.
- I may be required to re-certify continued eligibility at any time and failure to do so will result in removal from the program.

I consent to have my name, telephone number, and address provided to the Universal Service Administrative Company (USAC) and/or its agents, and to any state and federal agency, for the purpose of verifying that I qualify for the Lifeline program and that I do not receive more than one Lifeline benefit.

Applicant Signature (required)

Date

I designate below the name and telephone number of an “Authorized Representative” for this application who has submitted this form on my behalf and is willing to assist me in seeking telephone service discounts.

Print “Authorized Representative” Name

Area Code

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Daytime Phone Number

Date

➤ **Complete Application ➤ Attach Proof of Income or Program Participation**

➤ **Mail Application and Income Documents to:**

Nunn Telephone Company

PO Box 249

Nunn, CO 80648

2013 Federal Poverty Guidelines – 135%

Household Size	Yearly Income (at or below)
1	\$15,512
2	\$20,939
3	\$26,366
4	\$31,793
5	\$37,220
6	\$42,647
7	\$48,074
8	\$53,501
For each additional person, add	\$5,427



Nunn Telephone Company
288 Logan Avenue
Nunn, Colorado 80643
970-897-2200
jadmin@ezlink.com

LIFELINE DISCOUNTS AVAILABLE FOR QUALIFIED CUSTOMERS

***If you meet certain guidelines, you can reduce
your phone bill by \$9.25 per month.***

What is the Lifeline Program?

Lifeline is a federal program which provides support to telecommunications companies who in turn offer discounts to millions of eligible consumers. Consumers can apply for these discounts through their telecommunications company.

What is a household?

A household is everyone who lives together at your address as one economic unit, including children and people who are not related to you. Eligible households can receive up to \$9.25 per month in discounts. A household applies for discounts through their telecommunications company. These companies are then reimbursed through the Lifeline program.

Am I eligible?

To determine eligibility, you may need to know the amount of your household's earned income (wages, tips, etc.) and unearned income (child support, unemployment benefits, SSI, etc.). Application forms are at the Nunn Telephone Company office.

***Find out if you qualify.
Call Nunn Telephone Company
Today at 970-897-2200.***



CERTIFICATION OF NUNN TELEPHONE COMPANY**Reporting Period January 1 – December 31, 2014****Sec. 54.313(f)(1)(i) Milestone Certification**

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 19, 2015.

/s/ Greg Grablander

Greg Grablander, General Manager

Nunn Telephone Company

SAC: 462194

CERTIFICATION OF NUNN TELEPHONE COMPANY**Reporting Period January 1 – December 31, 2014****Sec. 54.313(f)(1)(ii) Community Anchor Institutions**

Pursuant to § 54.313(f)(1)(ii) for Rate-of-Return Carriers, Carrier hereby certifies the following number, names, and addresses of community anchor institutions to which the ETC newly began providing access to broadband service in the preceding calendar year.

Access to broadband services has been available prior to 2014 to all known anchor institutions within Carrier's service area. All requests for broadband services, and speed, were fulfilled in 2014. Carrier continues to monitor customer demand and technological innovation, planning to size its network in anticipation of requests and demand for higher speed broadband needs.

I verify that the foregoing is true and correct. Executed on June 19, 2015.

/s/ Greg Grablander

Greg Grablander, General Manager

Nunn Telephone Company

SAC: 462194

REDACTED - FOR PUBLIC INSPECTION

NUNN TELEPHONE COMPANY (SAC 462194)

ATTACHMENT LINE 3026

Financial Reports

Pursuant to 47 C.F.R § 54.313(f)(2)

ATTACHMENT REDACTED IN ENTIRETY